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Bib Data Sheet

CONFIRMATION NO. 1503

<b>SERIAL NUMBER</b> 09/936,841	<b>FILING DATE</b> 03/01/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 1890-0020	
<b>APPLICANTS</b> Martin Caldwell, Dublin, IRELAND; Christy Cummins, Offaly, IRELAND; Mike Muntner, County Dublin, IRELAND;					
<i>ms</i> <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/IE00/00033 03/20/2000					
<i>ms</i> <b>** FOREIGN APPLICATIONS *****</b> IRELAND S990220 03/18/1999					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>ms</i> Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22204					
<b>TITLE</b> Surgical access device					
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		